

Infertility Services

fast facts

- When comparing infertility services, ask how the success rates are calculated.
- Some services cite only national statistics when discussing success rates. Be wary of claims not based on a provider's own experience.
- The success rate should be for people who fit your particular patient profile, such as your age and cause of infertility.
- Ask about the staff's medical training, how long the service has existed, and how many patients it has treated.
- To get an idea of a program's strengths and weaknesses, talk with former or current patients.

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Office of Consumer & Business Education
(202) FTC-HELP
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About one in six U.S. couples is infertile. If you are among them, you may have considered contacting a health care provider that offers advanced infertility services.

Most infertility service providers will tell you what their record has been in helping couples. But in talking with or writing to different providers, you may find that success rates are calculated differently—making it confusing to select among the more than 200 programs offering these advanced services.

In addition, a particular infertility service may have a lower success rate than others, but specialize in more difficult cases. Or, a service may have a very good overall success rate, but not be the best one to treat your particular problem. Infertility experts emphasize that your chances for success depend on many factors, such as age and cause of infertility.

The staff at the Federal Trade Commission has reviewed how success-rate claims are calculated by infertility services. The following information may help in evaluating these claims and selecting the best program for your specific needs.

How Success Rates are Advertised

As you contact infertility service providers, consider carefully how success rates are calculated. Make sure to ask for the success rate for people who fit your particular patient profile, such as your age and cause of infertility.

Ask which specific procedures are included or omitted in the figures. This information can be difficult to understand, so ask for it in “plain English.”

Included here are explanations of some frequently used success-rate calculations. For help in understanding these definitions, *please refer to “Terms You Need to Know” on pages 3-4.*

Live Birth Rate per Egg Stimulation

This figure tells how many births occurred in relation to the number of egg-stimulation procedures performed. Experts say this figure is the most meaningful overall success-rate statistic, because it includes live births as well as all procedures performed, including those that failed.

Live Birth Rate per Embryo Transfer

This figure refers to the percentage of births from all embryo transfer procedures. Although this number reflects live births—which may be the most meaningful figure—it does not include those instances where the attempt at egg stimulation, egg retrieval, and fertilization did not succeed.

Pregnancy Rate per Attempted Egg Stimulation

This rate refers to the number of clinical pregnancies resulting from all egg-stimulation attempts. This figure does not tell you whether these pregnancies resulted in live births, but does include the women who received multiple treatments.

Pregnancy Rate per Woman in the Program

This rate refers to how many clinical pregnancies occurred per woman in the program. Excluded from this figure are the number of births and the number of times an individual woman may have undergone the procedure prior to achieving a pregnancy.

Pregnancy Rate per Attempted Egg Retrieval

This rate reflects the number of clinical pregnancies resulting from all egg-retrieval attempts. This statistic does not tell whether these pregnancies resulted in live births and does

Terms You Need To Know

In vitro fertilization (IVF): In this procedure, a woman's eggs are retrieved and combined with sperm to fertilize in the laboratory. Any fertilized eggs, called embryos, are returned to the uterus.

The steps involved in IVF are:

Step 1	Egg Stimulation
Step 2	Egg Retrieval
Step 3	Fertilization
Step 4	Embryo Transfer

If all goes well, the next two steps are:

Step 5	Clinical Pregnancy
Step 6	Live Birth

Gamete intrafallopian transfer (GIFT): This procedure differs from IVF in that retrieved eggs and sperm are injected into a woman's fallopian tubes where fertilization can take place.

Because fertilization does not take place outside the body, there is no embryo transfer step in GIFT.

Egg Stimulation: This refers to the administration of fertility drugs to a woman to "stimulate" and increase egg production.

Egg Retrieval: This process involves the

removal of an egg or eggs from the ovaries and follicles for subsequent fertilization through IVF or GIFT.

Fertilization: The retrieved egg is mixed with sperm, after which the egg becomes fertilized and forms what then becomes an embryo.

Embryo Transfer: After an egg and sperm fertilize in the laboratory, the newly formed embryo is transferred to the uterus.

Clinical Pregnancy: This is a pregnancy which has been confirmed by ultrasound or other clinical means. Prior to this point, a blood test or a urinary pregnancy test may indicate a pregnancy. Such tests look for human chorionic gonadotropin or hCG. If the blood or urinary tests indicate a positive reading, then the pregnancy is referred to as a "chemical pregnancy." Infertility service providers generally do not accept chemical pregnancies as anything more than an indicator because conditions other than pregnancy can account for a positive reading.

Live Birth: This refers to the actual live birth of one or more babies. In determining success-rate data using live births, the industry standard is to count a "live birth" as a single delivery, regardless of how many babies were born.

not include instances where egg stimulation did not produce an egg to retrieve.

Pregnancy Rate per Embryo Transfer

This usually refers to how many clinical pregnancies occurred in relation to the number of embryo-transfer procedures performed. This figure does not say how many births occurred or how successful the program was in stimulating egg production, in obtaining egg retrieval, and in fertilizing eggs retrieved.

It takes time for new infertility service

providers to establish success rates based on live births. For this reason, some providers cite only national statistics in discussing success rates. Be wary of any claims not based on a provider's own experience. Experts say it is fair for new providers to report anticipated births by including those pregnancies that have progressed beyond 26 weeks—at which point the pregnancy is highly likely to continue to term.

Some providers also favor reporting "cumulative" pregnancy and birth rate claims. Cumulative rates suggest the overall probability of a pregnancy or birth occurring based on women

undergoing several successive procedures. You may want to ask how such calculations are made and what percentage of patients were able to go through multiple treatments. Evaluate all claims of success carefully.

How to Select an Infertility Service

You may want to begin your search for fertility specialists by asking your gynecologist, obstetrician, family doctor, or friends and relatives for recommendations. Ask your local hospital or medical society for names. In addition, you may want to contact local infertility support groups, which can provide you with both information and emotional support.

Plan to talk with several providers of infertility services before taking any particular course of action. By doing so, you can compare programs, gain more information about the field, and learn about different treatments applicable to your situation.

You may want to contact infertility programs first by telephone, study any literature sent to you and, then, visit those that most interest you. Try to select an infertility provider that you feel comfortable with and is convenient for you. Here are some questions to ask providers.

What is your infertility service's success rate and how is it calculated? *For established programs:* What is your live birth rate per egg stimulation attempted? *For new programs:* What is your live birth rate plus ongoing pregnancies past 26 weeks per egg stimulation?

You will want to examine how each infertility service tabulates its success rate and consider how meaningful these figures are.

What is your success rate with couples who have problems similar to ours?

Most importantly, find out how successful an infertility service has been in helping couples with your specific problems. Tell the staff your individual circumstances. Then ask: "Given our particular medical history, what are our chances of having a baby after undergoing a single egg-stimulation procedure?"

How long has your infertility service been in existence? How many patients have you treated? What is the specific training of your medical personnel?

You probably will want to select a program that is well-established, has worked with many patients, and has a highly-trained medical staff.

Is your infertility service associated with a medical board specializing in infertility?

You may wish to determine whether the infertility service has a doctor who is board-certified by the American Board of Obstetrics and Gynecology in the subspecialty of Reproductive Endocrinology. This board certification provides recognition of tested expertise in IVF and GIFT procedures.

Can you send me written material about the particular procedure you are recommending?

It is helpful to get written information about any medical procedures you may undergo. IVF and GIFT treatments should be explained to you in detail so that you fully understand the nature of these procedures.

What are the fees for these procedures? How much will drugs cost? What is typically covered by insurance?

Costs for infertility procedures are relatively expensive, and coverage by health insurance plans varies. Ask the cost of each step in the IVF or GIFT procedure. Most infertility services charge you as you advance through each step of the procedure rather than require a payment-in-full prior to the start of a treatment. You should review your health insurance to see which parts, if any, of the IVF or GIFT procedures are covered and discuss the matter with the provider of your choice.

Can we talk with several former or current patients who have had problems similar to ours?

Talking with a provider's patients can help confirm your impressions of an infertility program, particularly the way in which patients are treated. You frequently can get an idea of a program's strengths and weaknesses from those who have participated in it.

Where to Go for More Information

For help in researching or checking possible complaints about particular infertility programs, you may want to contact the state medical board or county medical society. For more information about infertility, write: American Society for Reproductive Medicine, 1209 Montgomery Highway, Birmingham, AL 35216-2809; 205-978-5000. An infertility support group such as RESOLVE — with national headquarters in Somerville, Massachusetts and numerous local chapters — may be of immediate help to you.

If you have further questions or want to discuss possible problems about this issue, write: Consumer Response Center, Federal Trade Commission, Washington, DC 20580. Although the FTC does not usually intervene in individual cases, the information you provide may indicate a pattern of possible law violations requiring action by the Commission.

For a list of all the FTC's consumer publications, contact: Consumer Response Center, Federal Trade Commission, Washington, DC 20580; 202-FTC-HELP (382-4357). Ask for a free copy of 'Best Sellers'.